

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032887

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 128

FILED SEP 12 1963

VS 300
Rev. 4/59

1 0611

2 0610

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12 86-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Bevier	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Taylor's Rest Home		d. STREET ADDRESS (If outside, give location) Bevier	
3. NAME OF DECEASED (Type or print) CLARA G. JULIUS		4. DATE OF DEATH Month Sept Day 4 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/25/1884
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR Months 78 Days 78 Hours 78 Min. 78	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. KIND OF BUSINESS OR INDUSTRY At Home	
13. BIRTHPLACE (City and state or country) Germany		14. CITIZEN OF WHAT COUNTRY U.S.A.	
15. FATHER'S NAME Henry Grindel		16. MOTHER'S MAIDEN NAME	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		18. SOCIAL SECURITY NO.	
19. INFORMANT Harold Julius		Address Bevier, Mo.	
20. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Grand Mal Epilepsy DUE TO (b) Anterior Sclerosis DUE TO (c) Anterior Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 20 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		24. TIME OF INJURY Hour 12:20 Month, Day, Year 9/4/63	
25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. CITY, TOWN, OR LOCATION		COUNTY STATE	
28. I attended the deceased from Jan 1963 to 9/4/63 and last saw her alive on 9/4/63		Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
29. SIGNATURE R.D. Maddy (Degree or title)		30. ADDRESS Macon, Mo.	
31. DATE SIGNED 9/6/63		32. NAME OF CEMETERY OR CREMATORY Richardsdale	
33. LOCATION (City, town, or county) Bevier Missouri		34. DATE RECD. BY LOCAL REG. 9-8-63	
35. FUNERAL DIRECTOR Edwards Funeral Home Bevier, Mo.		36. REGISTRAR'S SIGNATURE Ruth McNeely	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip E. Brown

Licensed Embalmer No. 5182

- P. O. Address Macaw Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.